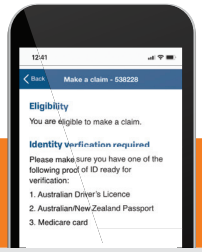
Incolink Redundancy Account
CLAIM FORM

You should seek independent financial and/or taxation advice about your claim.



YOU CAN SAVE TIME IF YOU CLAIM ONLINE
Download the Incolink App or head to workerlink.org.au

CLAIM DECLARATION

☐ I acknowledge that, for Incolink to process my claim my employer must confirm the **employment end date and reason** via EmployerLink. I understand that the **employment end reason** will determine the tax rate withheld on my claim.

YOUR DETAILS

Incolink Member No ☐☐☐☐☐☐

First Name _____

Last Name _____

Address _____

_____ Postcode ☐☐☐☐

Contact Phone ☐☐☐☐☐☐☐☐☐☐

Mobile Phone ☐☐☐☐☐☐☐☐☐☐

Email Address _____

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Employer Company Name _____

_____

ELECTRONIC FUNDS TRANSFER

Bank Account Details

Name of Bank _____

Branch _____

Account Name/s _____

_____

BSB No ☐☐☐☐☐☐ (must be a 6-digit number)

Bank Account No ☐☐☐☐☐☐☐☐☐

* Visit our Privacy Policy incolink.org.au/privacy-policy/

VERIFY IDENTITY

Incolink has partnered with VixVerify*, a safe and easy way to help verify identity.

Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence
- Australian/New Zealand Passport
  (Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

_____

Drivers' Licence Number ☐☐☐☐☐☐☐☐☐ State of Issue ☐☐☐

Passport Number ☐☐☐☐☐☐☐☐☐ Country of Issue ☐☐☐

Medicare Number ☐☐☐☐☐☐☐☐☐☐ Reference ☐

Medicare Expiry ☐☐ / ☐☐☐☐

TAX FILE NUMBER DECLARATION

Tax File No ☐☐☐☐☐☐☐☐☐

Please supply your personal 9-digit Tax File Number (TFN). It is not against the law for you to not give Incolink your TFN.

However, if you do not supply your TFN, any taxable portion of your claim will be taxed at the marginal tax rate, plus the Medicare levy.

DECLARATION & SIGNATURE

I declare that the details I have provided on this claim form are correct. I acknowledge that Incolink has recommended that I seek independent financial and/or taxation advice regarding this claim.

Signed _____

Date ☐☐ / ☐☐ / ☐☐☐☐

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